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Bib Data Sheet

CONFIRMATION NO. 7180

SERIAL NUMBER 09/673,411	FILING DATE 10/16/2000  RULE	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. B-3992PCT618																
<p>APPLICANTS</p> <p><i>W</i> Norberto Festo, Lugano, SWITZERLAND;</p> <p><i>to</i> ** CONTINUING DATA ***** This application is a 371 of PCT/IB00/00167 02/16/2000</p> <p><i>W</i> ** FOREIGN APPLICATIONS ***** SWITZERLAND 0311/99 02/18/1999</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/20/2000</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged</td> <td> <input checked="" type="checkbox"/> yes <input type="checkbox"/> no  <input type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance  <i>[Signature]</i>            Examiner's Signature Initials         </td> <td>STATE OR  COUNTRY SWITZERLAND</td> <td>SHEETS  DRAWING</td> <td>TOTAL  CLAIMS 9</td> <td>INDEPENDENT  CLAIMS 1</td> </tr> </table> <p>ADDRESS Richard P Berg Ladas &amp; Parry Suite 2100 5670 Wilshire Boulevard Los Angeles, CA 90036-5679</p> <p>TITLE Pharmaceutical compositions containing compounds with activity for the enhancement of absorption of active ingredients</p> <table border="1"> <tr> <td rowspan="5">FILING FEE  RECEIVED 502</td> <td rowspan="5">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td colspan="2"></td> <td><input type="checkbox"/> Credit</td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR  COUNTRY SWITZERLAND	SHEETS  DRAWING	TOTAL  CLAIMS 9	INDEPENDENT  CLAIMS 1	FILING FEE  RECEIVED 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____			<input type="checkbox"/> Credit
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